HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)
	Hawaii State Senate
Hooser, Gary Lee	TERM OF OFFICE (Begin/End):
	11/05/02 / 11/02/04

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F.	State of Hawaii, State Senate	D	State Senator
F	H&S Publishing, Kuhio Hwy, Kapaa 96746	D	Partner
SP	United Airlines, Lihue Airport	D	Customer Services Rep.
JT	Wai'oli Properties/H&S Publishing	D	Rental Income
	1351 Kuhio Hwy, Kapaa HI 96746		
		* -	

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	H&S Publishing LLC Kuhio Hwy, Kapaa HI 96746	Publishing/Internet	1/3 member/partner	H

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER		
F	Transfer of 1/3 ownership interest in H&S Publishing LLC to existing member/partners who now own 2/3 interest has been agreed to effective December 31, 2003, however transaction has not been completed and is in the process of finalizing details.			
[]Che	[]Check here if entry is None []Check here if additional sheets are attached			

ITEM 4: CREDITORS

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

NAME OF CREDITOR AND ADDRESS	ORIGINAL A	MOUNT	AMOUNT OUTSTANDING
First Hawaiian Bank - commercial mortgage Lihue Hawaii	G		H
Wells Fargo Mortgage, Residential mortgage Des Moines IA	G		G
Kauai Community Federal Credit Union Hardy Street, Kauai Hawaii	C C		C
			en Posta esta
	First Hawaiian Bank - commercial mortgage Lihue Hawaii Wells Fargo Mortgage, Residential mortgage Des Moines IA Kauai Community Federal Credit Union	First Hawaiian Bank - commercial mortgage Lihue Hawaii Wells Fargo Mortgage, Residential mortgage Des Moines IA Kauai Community Federal Credit Union OWED G C	First Hawaiian Bank - commercial mortgage Lihue Hawaii Wells Fargo Mortgage, Residential mortgage Des Moines IA Kauai Community Federal Credit Union OWED G C

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
Island School	Board Member	1993-2004	0

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
JT	5685 Ohelo Road, Kapaa HI 96746 1351 Kuhio Hwy, Kapaa HI 96746	4-4-2-009-16 4-4-5-008-028	H H
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[]Che	ck here if entry is None	[]Check here if additional	sheets are attached

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
	NONE		
[Che	ck here if entry is None	[]Check here if a	additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
	NONE		
			·

March Check here if entry is None

[]Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
ONE	
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ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			O4 MAY Z8 P12:20	RECEIVED
& ACheck he	re if entry is None	[]Chack	here if additional sheets	am attach or

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

DATE

FORM D-201